

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/091735 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4					1	
5					1	
6					1	
7						
8				1		
9				1		
10					1	
11					1	
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			25			
TOTAL CLAIMS			27			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					